



INFORMATION SHEET

Surname and title (Mr/Mrs/Miss/Ms):

First name:

Any first name, surname or maiden name previously known by:

Date of birth:/...../.....Place of birth:

Present Address:

.....

Postcode:Home contact number:

Mobile number:Email address:

Former address (if moved within the past 3 years):

.....

.....

Medical/health information

Please give details of any medical or health issues that we should be aware of*:

.....

.....

.....

Please give details of any allergies:

.....

.....

* Please supply any additional information on conditions that may require extra consideration by staff. It may be necessary to seek medical advice to confirm that participation in gymnastics activity will not have a negative impact on health. Medical information will be sought and where necessary any screening carried out prior to participation in the sport.



EQUITY MONITORING

1. What is your gender? Male Female

2. What is your ethnic group? (Choose one section from A – E and then circle the appropriate choice)

A. WHITE

British Irish

Other Please specify.....

B. MIXED

White and Black Caribbean White and Black African White and Asian

Other Please specify.....

C. ASIAN or ASIAN BRITISH

Indian Pakistani Bangladeshi

Other Please specify.....

D. BLACK or BLACK BRITISH

Caribbean African

Other Please specify.....

E. CHINESE OR OTHER ETHNIC GROUP

Chinese

Other Please specify.....

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

3. Do you consider yourself to have a disability? Yes No

If yes, what is the nature of the disability?

Visual impairment.....

Hearing impairment.....

Physical disability.....

Learning disability.....

Multiple disabilities.....

Other Please specify.....



COACHING INFORMATION AND WORK EXPERIENCE

Coaching level and sport (EG: Level 2 Football):

Any other relevant qualifications (e.g. First Aid, Child Protection, Time to Listen):

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.....

Current occupation:

Current place of work:

Employers name/company:

.....
.....

Contact number and/or email address:

.....

Declaration

I confirm that the above information is correct and I will inform you of any changes should they arise.

Name:

Signed:

Date:/...../.....



PARQ – Physical Activity Readiness Questionnaire

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE: (PAR-Q)

Being active is perfectly safe for most people however some people should check with their doctor before undertaking increased physical activity. If you are planning to become more physically active than you are now, please start by answering the questions in the box below. If you are between the ages of 16 and 59 the PAR-Q should indicate if you need to check with your doctor. If you are over the age of 59 and planning to increase your activity levels please check with your doctor beforehand. Please read the question carefully and answer the question honestly.

Has your Doctor ever told you that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No
Do you feel pain in your chest when you do physical activity?	Yes	No
In the past month, have you had a chest pain when not doing physical activity?	Yes	No
Has your Doctor told you, you have a joint or bone problem that may be made worse with exercise or has been caused by exercise?	Yes	No
Are you taking any prescribed medication for blood pressure or a heart condition?	Yes	No
Do you lose your balance because of dizziness or ever lose consciousness?	Yes	No
Is there any physical or medical reason, not mentioned here, that would prevent you from taking part in an activity?	Yes	No
Do you know of any other reason why you should not do physical activity?	Yes	No

If you answered **YES** to any of the questions above you will be required to talk to your doctor **BEFORE** you increase your physical activity level or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions to which you answered **YES**.

Talk to the Doctor about which activities you could safely partake in and take his/her advice, and find out which community programmes are safe and helpful to you.

If you answer **NO** to all questions, you can be reasonably assured that you can partake in a graduated exercise programme. Take part in a fitness appraisal and obtain a workout programme from the gym instructor this is the safest way and the best way for you to live actively

Please Note: If your health changes so that you then answer yes to any of the above questions, tell your fitness or Health professional. Ask whether you should change your physical activity plan. If in doubt after completing the Questionnaire consult your doctor prior to any physical activity.

I have read and understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

You must inform the instructor if you have asthma, epilepsy or diabetes for your own safety.

PRINT NAME: **SIGNED:** **DATE:**